

International Agency for Research on Cancer



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DIRECTOR'S REPORT

1. The Director's Report covers the period since the 55th session of the Governing Council, and provides a summary of some selected highlights of the Agency's activities since May 2013, as well as data on the Key Performance Indicators for the calendar year 2013. A detailed description of the scientific activities and achievements of the IARC research groups over the last two years is provided in the IARC Biennial Report 2012–2013 (document GC/56/2).

Introduction

2. The current biennium (2014–2015) is pivotal given that the new Medium-Term Strategy (2016–2020) will be prepared for consideration by the Scientific and Governing Councils in 2015. The development of the strategy coincides with the beginning of the second term of the Director, following his re-election on 16 May 2013. At the IARC Staff Day on 8 November 2013, all IARC personnel considered and discussed the vision for the Agency as presented by the Director earlier the same week. The unique features of IARC were explored during the IARC Staff Day and are captured in the new brochure provided to the Governing Council at its 56th Session: "IARC – a unique agency", reflecting a core mission of cancer research for cancer prevention.

3. The major areas of activity within the overall mission, namely, describing occurrence; identifying causes; evaluating and implementing prevention, together with the cross-cutting theme of education and training, will form the backdrop to the forthcoming development of the new Medium-Term Strategy. The projects from scientific research groups comprising the 2016–2017 Programme and Budget will also be aligned more clearly with these major areas of activity (see also document GC/56/17).

Strategic Partnerships

4. The Director was pleased to welcome two new IARC Participating States in 2013, Brazil and Qatar, as part of the commitment to increase participation from regions currently underrepresented in the Agency's governing structures. Broadening regional representation is a priority, both to support the development of the Agency's strategy related to cancer research in low- and middle-income countries (LMICs) and to provide the financial support needed to

respond to the increasing demands for collaboration and support. On this basis, the Director continued engagement in high-level discussions with a number of countries that have expressed an interest in becoming IARC Participating States.

5. In parallel, the Agency has continued to promote scientific collaborations and partnerships with governments, national agencies and regional cancer networks responsible for the implementation of cancer prevention and control plans. The purpose of these links is to ensure the Agency is aware of regional priorities for cancer research and is able to promote collaboration through participation in discussions and projects with leading cancer experts from the region.

6. In the above context, IARC and the World Health Organization's (WHO) Eastern Mediterranean Regional Office (EMRO) jointly organized a Regional Meeting on "Cancer Control and Research Priorities" in October 2013 in Doha, Qatar, with the support of the Supreme Council of Health of Qatar. The meeting brought together senior IARC staff, international and regional experts and cancer focal points from countries in the region and resulted in a jointly developed series of recommendations for priority actions. IARC and EMRO are currently developing a joint action-plan to support their implementation.

7. The Agency also works closely with the RINC ('Red de Institutos Nacionales de Cáncer' – Network of National Cancer Institutes), bringing together the major national cancer institutes in Latin America. This has translated to IARC scientists participating in two of the RINC Working Groups on priority areas of cancer registration and cancer screening, with a regional Hub for cancer registration being established in collaboration with RINC in 2013.

8. In analogous fashion, the Director participated in the Asian National Cancer Centers Alliance (ANCCA) meeting in the Republic of Korea in March 2014. This network of leading cancer institutes across the Asian-Pacific region has re-established its objectives, which specifically include collaboration with IARC in key areas of cancer research and cancer control.

9. Also in this context, the Agency established a Memorandum of Understanding (MoU) with the Cancer Institute and Hospital, Chinese Academy of Medical Sciences (CIHCAMS). This partnership agreement aims to strengthen the long-standing bilateral cooperation between IARC and CIHCAMS, to broaden the scope of joint research activities and academic interchanges in areas supporting the development and implementation of initiatives for cancer control in China.

10. The Director visited Her Royal Highness, Princess Lalla Salma in Rabat, Morocco on 16–17 January 2013 and met the senior leaders of the Lalla Salma Foundation, as well as the Minister of Health. The discussions continued in February with a return visit of a delegation from the Foundation to IARC to develop a draft MoU to be signed later in 2014.

11. Many of the Agency's scientific partners at national level do not work within national or regional cancer institutes, but rather in public health institutes and organizations. Increasingly this is true not only in high income countries but also in LMICs. During 2013 IARC was accepted as an Associate Member of the International Association of National Public Health Institutes (IANPHI) and participated in the annual meeting of IANPHI in Tanzania in September 2013, providing a range of new potential collaborations.

12. IARC continues to work closely with WHO, supporting the planning and implementation of the global framework for the prevention and control of noncommunicable diseases (NCDs). Over the past year Agency staff participated in various NCD planning meetings with WHO and in the meetings of the UN Interagency Task Force on NCDs and of the Global Coordination Mechanism, in which the terms of reference and scope of these initiatives were established. Agency scientists are contributing to the update of the "Global Status Report on NCD, 2014" and over the coming year will support WHO's preparation of the 2014 UN NCD progress review meeting.

Highlight Events

13. The Agency continued its tradition of awarding two IARC Medals of Honour for 2013, the first to Professor Pelayo Correa, Vanderbilt University Medical Center, Nashville, USA, who gave the 10th Sir Richard Doll Lecture "The gastric precancerous cascade" on 4 December 2013 and the second to Dr Harold Varmus, Director of the US National Cancer Institute, who gave the 21st Roger Sohier Lecture "Promoting the discovery and application of knowledge about cancer" on 10 January 2014.

14. The Agency instituted an annual series of Cancer and Society lectures to provide all personnel with an opportunity to consider the broader context in which cancer research is conducted internationally. Professor Sir Michael Marmot, University College London, gave the 2nd IARC Cancer and Society Lecture on 4 February 2014 (World Cancer Day) with the title "Fair society, healthy lives". These and other high profile lectures represent a valuable opportunity not just for those working at the Agency but also elsewhere to listen to leading speakers. In response, increasing use is being made of recording lectures for subsequent availability on the IARC website.

15. The Agency had some major launch events over the last year. In December 2013 Globocan 2012 was released with a press conference at the Palais des Nations in Geneva. This widely used resource has a number of additional features compared to the previous version – Globocan 2008.

16. On 3 February 2014, the eve of World Cancer Day, the Agency launched the third edition of the flagship publication "World Cancer Report 2014". The press conference was held at the offices of the Royal Society, London, UK and saw unprecedented coverage. This presented a major opportunity to speak about the need for greater emphasis on cancer prevention and early detection to address the growing cancer burden globally, with particular reference to the increased incidence and mortality projected in LMICs in the coming two to three decades.

17. Recognition of the quality of the Agency's publications came at the prestigious British Medical Associations' annual Medical Book Awards ceremony (17–18 September), when two publications, "WHO Classification of Tumours of the Breast" and "IARC Monographs volume 100: A Review of Human Carcinogens" (six volume set), were highly commended. It is also noteworthy in this context that IARC Monographs, Volumes 1–42 (1972–1987) have been available free of charge in pdf format on the IARC website since 27 November 2013.

18. A major project led by the Agency over the last three years has been the update of the European Code against Cancer (ECAC) in collaboration with scientists across Europe. The ECAC is aimed at informing the individual of measures to reduce their risk of cancer, summarized in 12 points. Major efforts were put into assembling the evidence-base, to providing a "second-level" of additional explanation and advice for each of the 12 points, and to the clear communication of the information. The ECAC is expected to be translated into several different European languages and represents a major contribution to the European Partnership: Action against Cancer. The launch of the ECAC is scheduled for 2014.

19. The expertise of the Agency places it in an ideal position to bring together world-leading scientists to evaluate the evidence-base for questions important for cancer control globally. In 2013 two such key meetings were held, both of which have resulted in authoritative IARC Working Group Reports. The first, on "Endpoints for Prophylactic HPV Vaccine Trials", held from the 23–24 September 2013 and organized jointly with the National Cancer Institute, USA examined the evidence for the use of virological or immunological endpoints for future HPV vaccine trials. This is particularly important in facilitating future access to HPV vaccines in the populations in most need. The second meeting on "*Helicobacter pylori* eradication as a strategy for preventing gastric cancer" was held from 4–6 December 2013 and considered the evidence for and against *H. pylori* eradication as a public health strategy; *H. pylori* is a well-established cause of stomach cancer and treatments are available but the potential for resistance or adverse health consequences is not fully defined.

International ranking

20. A number of Key Performance Indicators are included in the Director's Report each year with data from the three previous years for comparison. Since the 54th session of the Governing Council, results from an international ranking of research organizations, the SCImago Institutions Rankings (SIR) have also been included. This international ranking has the advantage of providing an impartial assessment, enabling comparison between institutes with the same or similar research profiles.

21. The SIR World Report 2013 (<http://www.scimagoir.com>) includes 4327 research institutions worldwide in the period of 2007–2011 indexed in Elsevier's Scopus database.

22. SIR analyses the publications output of scientific institutions to produce rankings based on a number of indicators, the most significant of which are: Normalized Impact (NI), provides a measure of the scientific impact of published work, based on number of citations; Excellence Rate (ER) and High Quality Publications (Q1), both measures of high quality research output; and International Collaboration (IC), of particular relevance to the Agency's role in catalyzing research collaborations.

23. Table 1 provides a summary of IARC's ranking in these selected indicators from the SIR World Report 2013 (for more details see Annex 1 below containing comparative data extracted from the SIR World Report 2013).

Table 1: IARC Ranking in SIR World Report

	No. of institutes ranked	NI		ER		Q1		IC	
		Rank global	Rank among cancer instit.						
SIR 2011	3042	32	2	32	4	31	4	9	1
SIR 2012	3290	50	5	34	3	45	7	8	1
SIR 2013	4327	24	4	78	5	93	12	28	1

NI – Normalized Impact – ratio between the average scientific impact of an institution's publications and the average impact of all publications of the same type and subject (=1)

ER – Excellence Rate – proportion of an institution's publications included into the top 10% of the most cited papers in their respective scientific fields

Q1 – High Quality Publications – proportion of an institution's publications in journals ranked in the top quartile in their categories

IC – International Collaboration – proportion of an institution's publications whose co-author affiliations include addresses in more than one country

24. Whilst recognizing the limitation in such methodologies, the overall values for the indicators and rankings of the Agency, which have remained rather consistent over the three years, show a remarkable performance in comparison to the world's leading research institutions.

25. In particular in 2013 IARC ranked 24th (within the top 1%) in relation to the principal indicator of NI, compared to the 4327 research organizations worldwide coming from all subject areas and from all sectors (private, public, academic, etc.) and ranked 28th in the assessment of international collaboration. It is also notable that among cancer research institutes the Agency ranks consistently in the top 10 in the world.

26. In a second international comparison of publication output quality "Mapping Scientific Excellence" (www.excellencemapping.net/), IARC was listed 9th and 15th respectively for the probabilities of i) publishing highly cited papers (Best Paper Rate) and ii) publishing in the most influential journals (Best Journal Rate), out of 1231 institutions in the 'Medicine' category.

27. The peer-review process by the Scientific Council and subject-specific external experts has also completed one full five-year cycle of consideration of the IARC scientific Sections. This analysis (see Annex 2) reveals the outstanding quality of the research conducted across all Sections at IARC and also the perfect fit of the work being conducted to the mission of the Agency decided by the Governing Council.

28. The outstanding performance, as assessed via these different objective criteria, provides further evidence to the Governing Council of the impact of the research conducted by IARC.

Publications

29. In 2013, Agency scientists published a total of 341 articles in 150 journals, of which 287 (84%) were peer-reviewed articles, six were letters to the editor or comments, 35 were various forms of invited reviews, and 13 were editorials, news and or other contributions. The number and proportion of peer-reviewed articles was higher than in any of the previous three years (see Table 2).

Table 2: Publications – Articles

Year	Peer-reviewed articles	Letters to Editor or comments	Invited reviews	Editorials, news, other	Total
2010	231 (81%)	6	32	16	285
2011	242 (71%)	18	48	33	341
2012	249 (76%)	15	29	33	326
2013	287 (84%)	6	35	13	341

30. Publications were assessed in relation to the percentage appearing in the top 20% of journals in their subject category, using categories from Thomson Reuters databases: Web of Science and Journal Citation Reports (see table in Annex 3). In considering these analyses, caution against over-interpretation is merited, particularly given journal rankings can vary considerably year-on-year.

31. Overall, 66% of articles were published in the top 20% of journals in their subject categories. This percentage is the same as in 2012 (65%) and maintains the increase seen over earlier years (57% in 2011, 53% in 2010 and 49% in 2009).

32. The five most common subject categories in which IARC scientists published in 2013 are, in decreasing order: Oncology; Public, Environmental and Occupational Health; Multidisciplinary Sciences; Nutrition and Dietetics; and Immunology. As for the previous years, the first two categories account for a large proportion of the papers published (over 55% of the total).

33. In these two main categories the percentage of papers in the top 20% of journals was 69% for Oncology and 83% for Public, Environmental and Occupational Health. This again represents an increase from the previous year (66% and 67% respectively).

34. These results provide another way of assessing the quality of publications by IARC. It also implies that in joining in collaborative research with IARC, national scientists are engaged in high quality studies and their associated publications. Whilst needing to demonstrate the quality of research, it is important to note the broader agenda of the Agency, notably in publishing work with colleagues from LMICs of great local or regional relevance, even if papers are sometimes submitted to lower impact journals.

35. The total number of IARC books sold in 2013 was 15 733 copies (see Table 3). As in previous years, over 90% of sales were of the "Blue Books", WHO Classification of Tumours Series. Overall these figures are slightly higher than last year but are generally in line with previous volume of sales.

Table 3: Publications – Volume of sales

Year	Total sales	Sales of 'Blue Books'
2010	15 544	14 872 (95%)
2011	13 582	12 641 (93%)
2012	15 077	14 048 (93%)
2013	15 733	15 054 (96%)

36. Total revenue from the sales of IARC books amounted to just over 938 000 Swiss Francs in 2013 (see Table 4). This is a substantial increase on previous years, reflecting sustained sales of the volumes of the Blue Books on "Tumours of Soft Tissue and Bone" and "Tumours of the Breast" and the renegotiated terms with WHO Press.

37. It is noteworthy that in October 2013, IARC introduced its first e-Book "Air Pollution and Cancer" (IARC Scientific Publication No. 161), available without charge, as a new medium for the wider dissemination of the Agency's research. It is envisaged that increasingly this will be used as a medium through which to make the findings of IARC as accessible as possible.

Table 4: Publications – Revenue from sales (Swiss Francs)

Year	Revenue from sales of all publications	Revenue and percent from 'Blue Books'	Revenue from sales paid to IARC ^a
2010	848 448	824 448 (97%)	796 896
2011	710 348	690 416 (97%)	640 938 (90% of figure in col. A)
2012	743 851	711 046 (95%)	732 851 (98% of figure in col. A)
2013	938 306	917 714 (98%)	936 307 (99% of figure in col. A)

^a After charges were deducted from overall figure

38. Table 5 provides the figures for the total number of visitors to the most popular IARC websites in 2013: visits to the IARC Home Page showed a significant increase over the last year to approximately 1500 visitors per day (up from around 1250 in the previous two years). This is possibly due to the re-design of the website in 2012, which made it more accessible to a wider audience. There was also a 20% increase in the number of visitors to the Monographs website, perhaps reflecting the interest in the volume on outdoor air pollution; an increase in the number of visitors to the GLOBOCAN website was also noted, consistent with the launch of the new version of this popular database.

Table 5: Visitors to IARC website in 2013 (in brackets corresponding figures in 2012)

Web site	Total visitors	Average visitors per day	Total visits	Average visits per day
IARC Home page	367 138	1005 (852)	537 223	1471 (1274)
Monographs	177 925	487 (408)	287 884	788 (636)
GLOBOCAN	210 302	575 (431)	304 048	832 (789)

Visitor: A user that visits a given site. The initial session by an individual user during any given date range is considered to be an additional visit and an additional visitor. Any future sessions from the same user during the selected time period are counted as additional visits, but not as additional visitors.

Visit: The number of times a visitor has been to the site (number of individual sessions initiated by all visitors). If a user is inactive on the site for 30 minutes or more, any future activity will be attributed to a new session.

39. The most popular downloads from the Agency's websites are presented in Table 6. What is most striking is the marked increase in downloads of many different types of materials from the Agency. This may be one indication that the relevance of the Agency's work is increasing as well as improved communication about the availability of the rich sources of information on the new-styled IARC website.

40. With regard to specific examples, various Monographs, Blue Books and Handbooks of Cancer Prevention are notable. In fact the Handbook on Breast Cancer Screening was one of the top ten downloads, even though it dates back more than ten years; this further indicates the demand for this series. The remarkable continued interest in the Monograph on radiofrequency electromagnetic fields is still evident and was accompanied by a strong interest in the press release on the Monograph on outdoor air pollution. Finally, the major demand for the text book on "Cancer Epidemiology: Principles and Methods" is noteworthy. The Agency is in the process of producing a revised version of this popular text in conjunction with the London School of Hygiene and Tropical Medicine, UK.

41. The increasing popularity of the materials on the IARC website highlights the need for the ongoing work on structuring and pricing for such information, in order to ensure the Agency can maintain the volume and standard of information despite reductions in real-terms in the regular budget.

Table 6: Most popular downloads from IARC and Monographs websites

Item	Downloads	
	2012	2013
IARC Monographs Classification List	152 288	195 398
Publication: Cancer Epidemiology: Principles and Methods	64 070	175 025
Publication: World Cancer Report 2003	12 244	65 226
"Blue Book" Pathology and Genetics of Tumours of the Digestive System	43 798	64 720
Press Release 208: radiofrequency electromagnetic fields	88 377	59 591
Press Release 221: IARC: Outdoor air pollution a leading environmental cause of cancer deaths		53 362
Monograph: Biological Agents, Volume 100B	36 338	51 791
Monograph: Some Aromatic Amines, Organic Dyes, and Related Exposures, Volume 99	35 176	49 858
Monograph: Some Traditional Herbal Medicines, Some Mycotoxins, Naphthalene and Styrene, Volume 82	37 749	47 454
IARC Handbook of Cancer Prevention Volume 7 – Breast Cancer Screening	4 378	42 540
Monograph: Alcohol Consumption and Ethyl Carbamate, Volume 96	16 148	31 577
Monograph: Wood Dust and Formaldehyde, Volume 62	6 213	30 597

Voluntary contributions to IARC (grants and contracts)

42. The Agency relies on voluntary contributions, obtained mainly through competitive research grants from national and international funding agencies, to fulfill its Medium-Term Strategy. This income makes a substantial contribution to the Agency's overall expenditure and

provides added value to the investment made by Participating States through assessed contributions. The success in obtaining peer-reviewed funding is another reliable indicator of the overall quality of research at the Agency.

43. The number of grant submissions continued to grow in 2013, with a total of 150 new grant applications and requests for funding. For comparison, the number of submissions in the previous years was: 126 (2012) 110 (2011) and 119 (2010). Agency scientists continue to make exceptional efforts to provide extra-budgetary funds to fulfill the Medium-Term Strategy.

44. In 2012 the Agency signed extra-budgetary contracts to a total value of €22 985 385 of which €7 210 095 (31%) is destined for IARC (see Table 7). The total value of signed contracts is lower than in recent years. However, this figure is heavily influenced by the value of a few large collaborative grants, where the Agency participates but may receive relatively little funding. For example, in 2012, the INCA, France funded the Lyon "Site de Recherche Intégré sur le cancer" where Agency participation was welcomed for strategic reasons but only €85 000 was assigned to IARC from a total budget of around €10 million. Consequently, the major part of the difference in total value of signed contracts between 2012 and 2013 is explained by this one project.

Table 7: Extra-budgetary funding

Year	Total value of signed contracts ^(a)	Value attributed to IARC	Voluntary contribution expenditure
US\$			
2010	71 626 000	13 118 000	8 847 000
€^(b)			
(2010)	(53 525 000)	(10 034 000)	(6 130 958)
2011	43 659 499	7 858 454	8 199 585
2012	35 485 000	7 939 000	11 968 340
2013	22 985 385	7 210 095	9 955 587

(a) The figures show total budgets of all grants signed irrespective of whether IARC is coordinating the studies or not.

(b) For comparison, the 2010 figures have been converted from US\$ to € using an exchange rate of €0.693 to the US\$. The contracts not signed in Euros in subsequent years have been converted to Euros using the exchange rate in use at time of signature of the contract.

45. The value of signed contracts attributed to IARC and the voluntary contribution expenditure are also somewhat lower in 2013 than in 2012 (Table 7). This may reflect some of the increasingly competitive nature of research funding nationally during the period of the economic crisis. However, the Voluntary Contributions as a proportion of total expenditure on the scientific programme remained just over 40% (Table 8). These parameters will need careful monitoring over the coming year to determine whether this is a trend in funding or a part of expected annual fluctuations.

Table 8: Expenditure against voluntary contributions (VC), regular budget (RB) and percentage comparison

Year	Regular budget (RB)	VC/ RB+VC ^(a)	Regular budget Appropriation Section 2	VC/ RB2+VC
US\$				
2010	23 690 574	27.2%	17 410 433	33.7%
€^(b)				
2011	19 151 000	30.0%	14 468 100	36.2%
2012	19 516 960	38.0%	14 101 595	45.9%
2013	19 902 355	33.3%	14 383 283	40.9%

(a) VC, Voluntary contribution expenditure taken from Table on extra-budgetary funding.

(b) For 2011 onwards the figures are presented in Euros to reflect the fact that the Agency regular budget is now in that currency.

46. The major sources of voluntary contributions to the Agency in 2013 were the European Union, the Susan G. Komen Breast Cancer Foundation, the Institut National du Cancer (INCa), WHO and the National Institutes of Health, USA.

Staff

47. In order to respond effectively to the increasing requests from countries for advice in the development and implementation of national cancer plans, the Director nominated Dr Rengaswamy Sankaranarayanan, as Special Advisor on Cancer Control. Together with Dr Silvia Franceschi, previously nominated Special Advisor on NCDs, Dr Sankaranarayanan will represent the Agency at high level meetings with national and international partners and advise on strategic opportunities on IARC's role in guiding the development of national cancer prevention and control policies.

48. The Agency made two key senior appointments. First, Dr Kathryn Guyton (from 4 January 2014) joined from the USA Environmental Protection Agency as a scientist in the IARC Monographs Section, bringing new skills in cutting-edge mechanisms of carcinogenesis and associated methodologies. Second, Ms Teresa Lee joined the Communications Group (as from 3 March 2014) in a newly formulated post of Knowledge Manager, bringing valuable skills in scientific information management and publications.

49. As of 30 April 2014 there will be 314 people working at the Agency. Of these, 210 are fixed-term staff of which 92 professional staff (41 men; 51 women) and 118 general service staff (28 men; 90 women) and there are 7 temporary/short-term staff. Of the staff on fixed-term staff contracts, 91% are from Participating States (191 out of 210).

50. Of the 92 professional staff there are 76 in the scientific Sections and 16 in the support services. Of the 76 professional scientific staff 53 of these are funded on the regular budget and 23 from extra-budgetary sources.

51. There are 25 students at the Agency, 47 post-doctoral scientists, of whom 18 are Fellows, supported by IARC awards, and 25 Visiting Scientists (five of whom are Senior Visiting Scientist awardees). The majority of these Early Career and Visiting Scientists (59%) are supported from extra-budgetary funding.

52. Overall, the IARC personnel come from 50 different countries worldwide and thus working at the Agency represents a remarkable opportunity to develop generic skills for working in an international environment.

53. Since May 2013, 22 staff members have arrived at the Agency: ten professional and 12 general service. Over the same time period, six staff members left the Agency: two professional and four general service.

54. The IARC Recognition Programme was repeated in 2013, with two awards for outstanding contributions to the work of the Agency presented. The main criteria for nomination remained outstanding contributions made through the display of creativity, commitment and/or dedication during the course of the year. This award is based on nomination from peers across the Agency and review by an impartial committee and therefore is not part of a hierarchical performance management system. The awardees received a certificate and have been given the opportunity to undertake training in a professional area of their interest towards their career progression.

55. IARC personnel have highlighted their desire for better career development opportunities and the need for senior management training, in the Work Climate Surveys in recent years. In response a strategic approach was decided on in 2013 resulting in the learning budget being prioritized for the IARC Staff Day and the leadership training programme, launched with a 360° review exercise carried out for 27 of IARC's managers (Group and Section Heads). During 2014 the limited budget available will be invested in training needs identified in the 360° review exercise and the training needs survey carried out for all staff members at the end of 2012.

Education and Training

56. The activities and new initiatives of ETR have been following the strategy presented and discussed during the 49th Session of the Scientific Council in January 2013 (available on the IARC Governance website: http://governance.iarc.fr/SC/SC49/SC49_7.pdf).

57. ETR activities are informed by the recommendations of the Agency-wide Advisory Committee on Education and Training (ACET) which held its latest meeting in November 2013 chaired by the Head of ETR. The discussion led to important recommendations on the stipends policy for Early Career and Visiting Scientists, organization of advanced courses at the Agency and the need to review the policy regarding courses fees.

58. Regarding human resources, a plan was developed in order to manage the transition in the team, related to the retirement of both senior assistants in 2015 and 2016. Redistribution of staff functions in the Director's Office linked to other retirements during the biennium will allow ETR to benefit from additional secretarial support.

IARC Fellowships Programme

59. The Agency awarded 18 fellowships in 2013 comprising ten new post-doctoral awards and eight extensions for a second year (see Table 9), with a majority of Fellows again coming from LMICs. This continues to represent a significant increase on previous years due to the need to re-align the number of fellowships with the commitments made in the current EU COFUND grant. Return Grants were awarded to Fellows from Sudan and Mexico to help with research initiatives on return to the home country.

Table 9: Education and Training – IARC Fellowships

Year	No. of IARC fellowships awarded	No. of Fellows from low- and middle-income countries
2010	10 (6 + 4)	6
2011	13 (8 + 5)	5
2012	19 (12 + 7)	11
2013	18 (10 + 8)	11

Post-doctoral fellowships (new + second year renewals), including IARC-Australia Fellows (2011–2013)

60. Most awards were co-funded by the EU Marie Curie Action FP7-PEOPLE-2012-COFUND and the IARC regular budget. ETR was awarded a new EC-FP7 Marie Curie Actions-People-COFUND grant of €1.24 million, to contribute 40% of the post-doctoral fellowship costs for the period 2014–2019. Two awards (one new and one extension) were funded by Cancer Council Australia within the framework of the IARC-Australia Post-doctoral Fellowship Programme.

61. An Expertise Transfer Fellowship was awarded to Dr Esther De Vries from the Erasmus University Medical Center, Rotterdam, The Netherlands, to spend 12 months at the National Cancer Institute, Bogotá, Colombia, to improve the use of population-based cancer registries in Colombia and other Latin American countries.

62. Thanks to additional funding approved by the 54th Governing Council in 2012 and a contribution from the Swiss Federal Office of Public Health in Berne, it was possible to award Senior Visiting Scientist Fellowships to four scientists as follows: Professor Leticia M. Fernandez Garrote, National School of Public Health, La Habana, Cuba; Professor John D. Groopman, Johns Hopkins University Bloomberg School of Public Health, Baltimore, USA; Professor Groesbeck P. Parham, Center for Infectious Disease Research in Zambia, Lusaka, Zambia; Professor Christopher J. Portier, Agency for Toxic Substances and Disease Registry, Atlanta, USA.

63. The number of Early Career and Visiting Scientists arriving and departing IARC has been consistently high, with a usual peak in September-October. An analysis of the processes and data required for the management of these categories of personnel was carried out in 2013. ETR has been working with the Information Technology Services to explore possible options for the development of a suitable tool to streamline these processes.

64. The IARC Post-doctoral Fellowship Charter, launched in 2011 continued to be successfully implemented. Following the recommendations of the Scientific Council, ETR supported the creation of the 'Early Career Scientist Association' (ECSA), which was launched in July 2013. ECSA is open to all post-docs and students at IARC and works in collaboration with ETR to

promote opportunities for training, career development, social activities, and regular dialogue between early career scientists, and with ETR and IARC management. Along the same lines and in collaboration with ECSA, ETR continued to improve the IARC Generic Courses Programme for Early Career Scientists.

Courses

65. The IARC Summer School on Cancer Epidemiology took place from 17 June to 5 July 2013 comprising two Modules: Cancer Registration (week one) and Cancer Epidemiology (weeks two and three). Fifty-six participants attended the course, with approximately 83% from LMICs. Additional financial support for this course was provided by the National Cancer Institute, USA, and the Nordic Cancer Union (NCU).

66. The "UICC-IARC Development Fellowship award in cancer epidemiology", launched during the 2012 Summer School, allowing one of the most promising participants to return to IARC for three months to train and develop a research project, was offered again in 2013. The Fellowship was awarded to Dr Jean-Claude Dusingize from Rwanda to work on a project on cancer risk among HIV-infected persons.

67. In addition to the IARC Summer School, the Courses Programme also provides support to some of the specialized courses organized or co-organized by the scientific Groups of the Agency (see Table 10; a more detailed list of the courses is presented in Annex 4). Support has mainly consisted of setting up and managing online course application and evaluation as well as identifying solutions to support online courses.

Table 10: Education and Training – IARC Courses

Year	No. courses organized	No. different countries	No. courses in LMICs	No. participants
2010	8	8	5	402
2011	9	6	4	235
2012	9	4	3	312
2013	15	7	8	566*

** includes the 120 persons who participated in one or more of the six webinars on CanReg5 that were offered in 2013*

68. The Agency is expanding its activities in the area of e-Learning. As the first component of a future IARC online learning platform, the ETR website has been re-designed including, amongst other features, a database linking to existing online IARC learning and training resources, such as the digital training manuals for cervical screening and treatment published by the Screening Group (<http://training.iarc.fr/>).

69. Partnership initiatives have been pursued to develop e-Learning material and courses. Negotiations with the International Atomic Energy Agency – Programme of Action for Cancer Therapy (IAEA-PACT) are underway, to develop an e-Learning module on cancer registration in the framework of the Virtual University for Cancer Control network (VUCCnet). Other collaborations have been established in this area, with the Institut Català d'Oncologia, Spain

leading to the planning of a joint online course in cancer epidemiology targeting Latin American countries, and with the London School of Hygiene and Tropical Medicine, UK involving contribution to the contents of an e-Learning session on 'Introduction to Cancer'.

Research Support

70. During 2013 the Section of Support to Research (SSR) continued to implement the agreed 2012–2013 work plan aimed at streamlining bureaucracy, managing risks and supporting the development of the Agency. With considerable progress in the anticipated areas, the Section completed the biennium with notable inroads in integrating the support and scientific parts of the Agency towards a common vision and shared goals.

71. Great efforts were placed on clear and open communications both within the Section and to the rest of the Agency on SSR priorities. Regular internal meetings and progress reporting to the Senior Leadership Team (SLT) continue as do the monthly SSR updates during the 'Director's News' presentation to all personnel, for both of which relevant information is posted on the intranet.

72. In addition to these avenues of communication, the Director of Administration and Finance (DAF) attended a regular meeting of most Sections where relevant issues for these teams were raised. In 2013 DAF also revived the meeting of all secretaries and project assistants which serves as an important venue for information sharing between the secretaries and SSR, as well as providing the secretaries the opportunity to share experience towards most efficient implementation of the scientific programme.

73. Progress on the activities detailed in the action plan developed by SSR as a result of the 2012 Services Survey was shared with all personnel at the end of 2013. With many issues effectively addressed, the results of the 2013 Services Survey showed a marked improvement both in ratings and in the spirit of comments. This survey provides IARC management with an effective tool to monitor both the effectiveness of specific service areas as well as a general perception of the efforts made by the support services to advance the Agency's scientific programme. The survey will continue on a yearly basis.

74. The relationship with the Staff Association Committee (SAC) remains an important avenue for management to receive comments and suggestions from IARC personnel. Formal meetings between IARC management and the SAC did not take place in the second part of 2013 as the Staff Association did not elect enough representatives to form a committee. Progress was made on several issues that were raised in the first part of the year and a new SAC was elected by end of year.

75. The external board of auditors' unqualified certificate of IARC's 2013 accounts reiterates the continued strong performance of the Agency's financial controls and procedures. SSR colleagues made progress in identifying a preferred modality of enhancing the existing Enterprise Resource Planning system as endorsed by the Governing Council in Resolution GC/55/R17 which will be implemented during 2014 and 2015. Until such time as these enhancements are made the Agency continues to operate and achieve with systems that are not

fully adapted to the new requirements brought forward by introduction of the International Public Sector Accounting Standards (IPSAS).

76. The professionalization of the support services required to guarantee the accountability and transparency of IARC's administration following adoption of IPSAS and the many changes to rules and regulations made by WHO have put considerable strain on the regular work. The administrative burden of several controls and processes as opposed to the expected benefits is currently under review to ensure that the Agency staff are concentrated on efforts that bring the most value to achievement of the scientific programme.

77. Efforts at reducing IARC's carbon footprint began showing benefits in 2013, with ecological and financial savings made as a result of the full transition to network printing, implementation of several automated workflows and building infrastructure investments.

78. The investments made by budgets available to the Director and those provided through Resolution GC/55/R18 to accelerate data transfer capacities and modernize storage capacity of the Agency have been fully implemented. These investments have put in place the backbone for the Agency's computing requirements, providing modular state-of-the-art data storage and processing systems upon which projects will be able to add capacity depending on requirements and available resources.

79. As part of on-going SSR activities to ensure effectiveness of IARC financial resources, a dedicated effort was put in place during 2013 to clear outstanding receivables, closing more than seventy old grants. These Agency-wide efforts coordinated by SSR resulted in collection of €2.2 million worth of overdue receivables. Further contract renegotiations and new bids translated to €100 000 of cost savings across the Agency.

Building work and renovation

80. The reporting period was marked by various works on the building and the IARC services infrastructure to ensure business continuity, improve the working environment for all personnel and provide improved resources for delivery of the scientific programme. During the year the renovation works being carried out by the City of Lyon continued, with the second set of scheduled works that required relocation of staff for specified periods of time.

81. The works to render the Latarjet building's electrical source independent from the Tower as financed by Resolution GC/54/R6 were carried out. The electrical installation of the Latarjet Server Room was upgraded at the same time, providing a more reliable resource to meet business continuity and disaster recovery needs. All servers are now powered by two power supply units connected to different sources, providing redundant supply in case of failures.

82. New virtual servers were implemented within the existing IT infrastructure of Latarjet. The new active directory server in the Latarjet data centre provides replicated authentication and email services, which previously depended entirely on a server in the main tower data centre.

83. In the Biological Resources Centre a new air-conditioning system was implemented in laboratories to improve the working environment; the obsolete fire safety alarm system was also replaced.

84. A new water heating system was installed in the main IARC tower building to allow the main boilers to be off during the summer months, enabling substantial savings in gas and water consumption.

85. The Auditorium has been equipped with a new video service allowing recording and streaming of live events, including new cameras and audio-visual equipment. This system is complemented by a mobile unit allowing the same service elsewhere in the Agency.

86. The second phase of the programme of repair works performed by the City of Lyon began in September 2013 and will be completed in July 2014. From September to November, work was performed (basement to 2nd floor), to replace the corroded pipes of the cooling system.

87. Since September, other works concerned the:

- a. Heating system, with asbestos removed from the boilers; new valves; new pumps which now mean the three boilers are operational (instead of two) ensuring adequate back-up for heating production and repairs when necessary.
- b. Cooling system, with new equipment installed on the car park to ensure a back-up in summer in case of emergency and to provide separate air-conditioning in the winter for laboratories and the IT server room. This new equipment enables us to cut off the main central system during winter, for maintenance and makes energy and water savings.
- c. Asbestos was removed from valves and pipes on the 14th floor and basement; the new pipes and valves enable isolation of specific sections in case of emergency.
- d. Adiabatic cooling towers: the three towers have been renovated and cleaned, with new valves enabling their isolation when necessary.
- e. Ventilation system: one of the two main extractors for the laboratories was replaced (the operation needed to set up a special crane to place the equipment on the roof of the Tower).

IARC Ethics Committee

88. The IARC Ethics Committee (IEC) is composed of the following members:

External members

- Professor Isaac Adewole (Nigeria), gynaecologist
- Dr Béatrice Fervers (France) (Chair), oncologist
- Dr Marc Guerrier (France), ethicist
- Dr Groesbeck Parham (Zambia), oncologist
- Professor Paolo Vineis (UK) (Vice-Chair), epidemiologist

IARC and WHO staff

- Ms Evelyn Bayle (Screening Group, IARC)
- Dr Ghislaine Scélo (Genetic Epidemiology Group, IARC)
- Dr Eduardo Seleiro (Office of the Director, IARC)
- Dr Abha Saxena, Geneva (Secretariat of the Ethics Research Review Committee, WHO)
- Dr Salvatore Vaccarella (Infections and Cancer Epidemiology Group, IARC)

89. Two external members, the former IEC Chair, Professor Jean-Pierre Boissel and Dr Pierre-Jean Souquet, finished their terms of office in December 2013 after serving on the Committee for seven years. Dr Martyn Plummer from the Infections and Cancer Epidemiology Group at IARC, also finished his term of office in December 2013 after serving on the Committee for seven years and was replaced by Dr Salvatore Vaccarella. Mr Yazid Ikdoumi, the lay member of the Committee, completed two two-year terms of office in February 2014.

90. The IEC met five times during 2013 (February, April, June, September, November) and evaluated 41 projects:

- 33 projects were approved after ethical review
- 4 projects were given conditional approval subject to the receipt of further information
- 4 projects were not cleared and the Principal Investigators were asked to prepare a revision for resubmission

91. The IARC Ethics Advisory Group (EAV), comprising Professor Sheila McLean, Professor Michael Parker and Dr Rodolfo Saracci, is a small group of international bioethics experts which has been constituted to provide guidance on areas where specialist expertise might not be available within the IEC. The EAV was consulted for the first time by the IEC in December 2011 to advise on the discussion on incidental findings in genomic studies.

External relations

Meetings

92. In line with its mission to promote collaborative research the Agency hosted a number of major meetings in Lyon. The full list of meetings held at IARC since May 2013 is provided in Annex 5.

Collaboration with the Union for International Cancer Control (UICC)

93. IARC collaborates closely with UICC in a number of specific areas and projects. Notably, the UICC is one of the key partners in the Global Initiative on Cancer Registries (GICR), both through their advocacy role and in making major efforts to attract funding to the initiative. There are a number of training areas where UICC provides valued support to the Agency, including the joint "UICC-IARC Development Fellowship" award to participants in the IARC Summer School in Cancer Epidemiology.

94. IARC participates actively in the International Cancer Control Partnership (ICCP), a group of international organizations including the UICC, the Centre for Global Health of the National Cancer Institute USA, WHO and others, engaged in supporting the development, implementation and evaluation of national cancer control plans worldwide.

95. The Agency participated in a new initiative from the UICC President, entitled "Global Task Force on Radiotherapy for Cancer Control", looking at the needs for radiotherapy in low- and middle-income countries.

96. The Director gave the opening keynote address at the World Cancer Leaders' Summit in Cape Town, South Africa in November 2013.

Collaboration with WHO

97. The Agency is continuing to work with WHO in a wide range of projects, the listing of which is outside the scope of this report. However, a major area of cooperation is in the development and implementation of the Global Action Plan for the Prevention and Control of NCDs. IARC scientists have contributed to the update of the NCD Global Status Report.

98. IARC is part of the UN Inter-Agency Task Force on the Prevention and Control of NCDs, with assigned areas of supporting the development and implementation of national cancer prevention and control programmes, in collaboration with the International Atomic Energy Agency (IAEA) and WHO in the context of the PACT programme (see below), and strengthening surveillance for cancer risk factors and outcomes. The Agency is also participating in the development of the Global Coordinating Mechanism to ensure that the relevant expertise can be brought to bear in cancer-related areas.

99. A small working group liaises between IARC and WHO, with leadership from the Agency provided by Dr Silvia Franceschi, Special Advisor, NCD to ensure adequate coordination on NCD related matters. Specific opportunities for expanding joint activities in a number of priority areas of collaboration are being explored, including cancer registration and dietary surveillance.

Collaboration with International Atomic Energy Agency (IAEA)

100. A number of senior Agency scientists play an important role in the conduct of the majority of IAEA-PACT missions and in preparation of the subsequent reports. This represents a significant commitment of resources from the Agency.

101. IARC is now clearly represented as a partner of IAEA-PACT in these missions and is involved in the finalization of the formal reports to Ministries within the countries visited. The role of Dr Sankaranarayanan as Special Advisor, Cancer Control is key to these missions.

102. IARC is working with WHO and IAEA to prepare a formal agreement which will serve to better recognize the role of the Agency in PACT's activities and thus permit greater integration of this contribution within the overall strategy of IARC.

103. The visit of the new Director of the PACT Division, Ms Nelly Enwerem-Bromson, to IARC in 2014 will enable the further strengthening of collaborations between the two organizations in the context of the emerging global initiatives on NCDs.

Annex 1 – Top 50 research organizations by Normalized Impact

(Source: SIR World Report 2013; <http://www.scimagoir.com>)

RANK	Organization	Country	NI	ER(%)	Q1(%)	IC(%)
1	American Cancer Society	USA	6.95	34.17	83.24	30.15
2	Whitehead Institute for Biomedical Research	USA	5.6	51.08	94.02	36.48
3	Broad Institute of MIT and Harvard	USA	5.58	52.69	92.13	53.07
4	Wellcome Trust Sanger Institute	GBR	4.51	39.79	89.59	69.83
5	Wellcome Trust	GBR	4.41	41.08	83.09	67.21
6	Swiss Institute of Bioinformatics	CHE	4.28	39.9	84.14	64.24
7	European Bioinformatics Institute EMBL	GBR	4.21	38.89	82.26	69.46
8	George Institute for International Health	AUS	3.99	27.95	78.98	56.66
9	Ontario Institute for Cancer Research	CAN	3.78	40.65	83.27	71.89
10	Baylor Health Care System	USA	3.73	24.81	73.11	21.79
11	Montreal Heart Institute	CAN	3.62	28.98	74.22	44.33
12	Public Health Foundation of India	IND	3.61	23.4	61.66	63.73
13	National Center for Biotechnology Information (sub)	USA	3.58	34.07	83.52	40
14	Nagasaki Institute of Applied Science	JPN	3.56	40.9	76.84	78.63
15	Cold Spring Harbor Laboratory	USA	3.49	45.31	91.96	48.04
16	World Health Organization Switzerland	CHE	3.43	31.51	76.06	80.72
17	Laboratoire de Physique Corpusculaire de Clermont-Ferrand (sub)	FRA	3.38	39.7	86.11	87.37
18	Gilead Sciences, Inc.	USA	3.37	30.28	82.47	33.98
19	Laboratoire Leprince-Ringuet (sub)	FRA	3.3	37.53	87.08	92.68
20	Howard Hughes Medical Institute	USA	3.29	44	93.42	31.78
21	Institut de Ciencies de l'Espai (sub)	ESP	3.26	30.38	69.75	80.63
21	Microsoft Research Cambridge	GBR	3.26	32.5	42.86	63.42
22	National Heart, Lung and Blood Institute (sub)	USA	3.25	32.79	83.35	33.12
23	National Human Genome Research Institute (sub)	USA	3.19	31.54	79.55	39.46
24	National Institute of Chemical Physics and Biophysics	EST	3.14	37.46	62.79	75.87
23	Dana Farber Cancer Institute	USA	3.14	35.68	83.21	33.96
24	International Agency for Research on Cancer	FRA	3.12	31.39	83.1	87.3
25	Laboratorio de Instrumentacao e Fisica Experimental de Particulas	PRT	3.11	31.15	64.44	86.67
25	Novartis Pharmaceuticals, United States (sub)	USA	3.11	34.2	75.87	55.21
25	J. Craig Venter Institute	USA	3.11	39.74	86.05	51.24
26	Purdue University Calumet	USA	3.1	36.16	54.68	50.96
27	Centocor, Incorporated	USA	3.08	31.07	75.9	39.02
28	Genome Institute of Singapore (sub)	SGP	3.05	33.19	84.42	67.1
29	Bristol-Myers Squibb Company	USA	3.04	25.13	76.68	27.46
30	Genentech Inc. (sub)	USA	3.03	33.54	82.14	27.26
31	GlaxoSmithKline, Belgium (sub)	BEL	3.02	28.86	68.29	86.24
31	Institute for Systems Biology	USA	3.02	39.9	83.98	58.58
32	National Institute of Arthritis and Musculoskeletal and Skin Diseases	USA	3.01	37.46	85.61	38.91
33	Hoffmann-La Roche, Inc., United States (sub)	USA	3	32.33	81.55	33.3
33	Yahoo Research Labs	USA	3	25.96	40.18	25.06
34	European Molecular Biology Laboratory Heidelberg	DEU	2.98	36.68	90.2	68.35
34	Fraunhofer Institut fur Nachrichtentechnik Heinrich Hertz Institut	DEU	2.98	18.32	26.83	32.97
34	California Pacific Medical Center	USA	2.98	27.78	76.11	24.62
35	Doe Joint Genome Institute	USA	2.97	35.06	69.44	66.08
36	Centre de Physique des Particules de Marseille (sub)	FRA	2.94	35	79.11	85
36	Novartis Institutes for Biomedical Research, United States (sub)	USA	2.94	38.54	85.94	49.38
37	Steno Diabetes Center	DNK	2.92	23.78	81.6	56.77
38	Laboratoire d'Annecy-le-Vieux de Physique des Particules (sub)	FRA	2.91	32.39	80.33	92.07
38	San Francisco VA Medical Center (sub)	USA	2.91	34.53	82.87	21.19

SCImago Indicators

Selected indicators seek to reveal main aspects of research size, performance, impact and internationalization at Worldwide Research Institutions.

O: Output

Total number of documents published in scholarly journals indexed in Scopus. An institution's publication output reveals its scientific outcomes in terms of published documents in scholarly journals.

NI: Normalized Impact

The NI values, expressed in percentages, show the relationship between an institution's average scientific impact and the world average, which is set as 1, – i.e. a NI score of 0.8 means the institution is cited 20% below world average and 1.3 means the institution is cited 30% above average.

ER: Excellence Rate

The ER values indicate the proportion (in %) of an institution's scientific output that is included into the set of the 10% of the most cited papers in their respective scientific fields; it is a measure of high quality output of research institutions.

Q1: High Quality Publications

Q1 is the ratio of publications that an institution publishes in the most influential scholarly journals of the world; those ranked in the first quartile (25%) in their categories as ordered by SCImago Journal Rank indicator.

IC: International Collaboration

IC shows an institution's output ratio that has been produced in collaboration with foreign institutions. The values are computed by analysing the institution's output whose affiliation includes more than one country address.

SPEC: Specialization Index

SPEC indicates the extent of thematic concentration / dispersion of an institution's scientific output. Values range between 0 to 1, indicating generalistic vs specialized institutions respectively. This indicator is computed according to the Gini Index used in Economy.

SCImago disclaimer notice:

"This ranking IS NOT A LEAGUE TABLE. The ranking parameter – the scientific output of institutions – should be understood as a default rank, not our ranking proposal. The only goal of this report is to characterize research outcomes of organizations so as to provide useful scientometric information to institutions, policymakers and research managers so they are able to analyse, evaluate and improve their research results. If someone uses this report to rank institutions or to build a league table with any purpose, he/she will do it under his/her own responsibility."

Annex 2: Summary of Review Panel assessments (2009–2014)

Date	Cluster/Section	Assessment of the scientific quality		Assessment of the relevance to IARC mission	
		Past	Future	Past	Future
4–6 Nov. 2009	Section of Infections (INF)	Outstanding	Outstanding	Perfect fit	Perfect fit
	Infections and Cancer Biology Group (ICB) – M. Tommasino Infections and Cancer Epidemiology Group (ICE) – S. Franceschi	Outstanding Outstanding	Outstanding Outstanding	Perfect fit Perfect fit	Perfect fit Perfect fit
20–21 Oct. 2010	Section of Genetics (GEN)	Outstanding	Outstanding	Perfect fit	Perfect fit
	Genetic Cancer Epidemiology Group (GEP) – P. Brennan Genetic Cancer Susceptibility Group (GCS) – J. McKay	Outstanding Satisfactory	Outstanding Satisfactory	Perfect fit Perfect fit	Perfect fit Perfect fit
February 2012	+ “Mini-Review” of GCS conducted during SC/48 (see document SC/48/6)	The Scientific Council noted and congratulated Dr McKay as the new Head of GCS on the progress over the last year toward the future plans of the Group.			
2011	DECISION WAS TAKEN TO HOLD THE REVIEWS IN THE 2 DAYS PRECEDING THE SCIENTIFIC COUNCIL SESSION AND TO REVIEW THIS PROCESS IN 2013 AFTER 2 CONSECUTIVE ROUNDS				
30–31 January 2012	Section of Cancer Information (CIN) – D. Forman and F. Bray (Deputy)	Outstanding	Outstanding	Perfect fit	Perfect fit
	Section of Environment and Radiation (ENV) – J. Schüz and A. Kesminiene (Deputy)	Outstanding	Outstanding	Perfect fit	Perfect fit
28–29 January 2013	Section of Early Detection and Prevention (EDP)	Outstanding	Outstanding	Perfect fit	Perfect fit
	Prevention and Implementation Group (PRI) – R. Herrero Quality Assurance Group (QAS) – L. von Karsa Screening Group (SCR) – R. Sankaranarayanan	Outstanding Outstanding Outstanding	Outstanding Outstanding Outstanding	Perfect fit Perfect fit Perfect fit	Perfect fit Perfect fit Perfect fit

Date	Cluster/Section	Assessment of the scientific quality		Assessment of the relevance to IARC mission	
		Past	Future	Past	Future
28–29 January 2013	Section of Nutrition and Metabolism (NME) Biomarkers Group (BMA) – A. Scalbert Dietary Exposure Assessment Group (DEX) – N. Slimani Nutritional Epidemiology Group (NEP) – I. Romieu	Outstanding	Outstanding	Perfect fit	Perfect fit
		Outstanding	Outstanding	Perfect fit	Perfect fit
		Outstanding	Outstanding	Perfect fit	Perfect fit
		Outstanding	Outstanding	Perfect fit	Perfect fit
2013	DECISION WAS TAKEN TO ADOPT A NEW SCORING SYSTEM FOR REVIEWS AS FROM 2014 – SCIENTIFIC COUNCIL IS DUE TO ASSESS THE UTILITY OF THE NEW SYSTEM AND REPORT TO THE GOVERNING COUNCIL IN 2015¹				

¹ It is essential that in determining their scores reviewers consider the narrative description given for each score (see below).

As the score should reflect the complete portfolio of research from a Group or Section then the peer-review committee may choose a combination of categories to reflect heterogeneity within a Group or Section e.g. F/C.

In selecting a score the reviewers should take account of the role of IARC's research in the context of its mission, including conducting work in low- and middle-income countries and research which is difficult for national institutes or centres to perform.

Scoring – Scientific quality:

- O** (Outstanding) Outstanding work of the highest international calibre, pioneering and trend-setting. This score will only be applied to exceptional programmes of work, not because a programme was particularly topical or in an under-researched area.
- F** (Forefront) Work that is at the forefront internationally and that, it is considered, will have an important and substantial impact.
- C** (Competitive) Work that is internationally competitive, of high quality, and will make a significant contribution.
- NC** (Not competitive) Work that is not considered competitive or high quality and is unlikely to make a significant contribution.
- U** (Unsatisfactory) Unsatisfactory or poor quality work.
- P** (Preliminary) Work that is too preliminary to rate, which should be continued and monitored/reassessed by the Director in the short- to medium-term with subsequent update to the Scientific Council.

Scoring – relevance to the mission:

- Perfect fit** This type of work is ideally suited to the mission of IARC.
- Good fit** This type of work is suited to the mission of the Agency.
- Questionable fit** Uncertain.
- Poor fit** Work which should not continue.

Date	Cluster/Section	Assessment of the scientific quality		Assessment of the relevance to IARC mission	
		Past	Future	Past	Future
27–28 January 2014	<p>Section of IARC Monographs (IMO) – K. Straif</p> <p>Section of Molecular Pathology (MPA)* – H. Ohgaki</p> <p>*Because of the importance of the WHO Classification of Tumours (Blue Books) and its impact on cancer classification worldwide, this work and the MPA research activities were reviewed in two separate parts.</p>	<p>Outstanding</p> <p><i>Blue Book series:</i></p> <p>Quality: C (competitive) for efficiency vs O (outstanding) for scientific quality and worldwide impact.</p>	<p>Outstanding</p> <p><i>Blue Book series:</i></p> <p>Quality: C (competitive) to F (forefront) for efficiency if already planned changes prove effective vs O (outstanding) for scientific quality and worldwide impact.</p>	<p>Perfect fit</p> <p><i>Blue Book series:</i></p> <p>Perfect fit (outstanding) – essential for the reputation of the Organization.</p>	<p>Perfect fit</p> <p><i>Blue Book series:</i></p> <p>Perfect fit</p>
27–28 January 2014	Section of Molecular Pathology (MPA) – H. Ohgaki	<p><i>MPA research activities:</i></p> <p>Outstanding</p>	<p><i>MPA research activities:</i></p> <p>Forefront</p>	<p><i>MPA research activities:</i></p> <p>Perfect fit</p>	<p><i>MPA research activities:</i></p> <p>Perfect fit</p>

Annex 3: Publications within top 20% of journals in their subject category in 2013^a
(subject categories with less than 10 IARC papers published in 2013 are not shown)

JOURNAL SUBJECT CATEGORY	No. Journals in SC	Highest IF in SC	20% IF of SC^b	No. publ. in SC	No. publ. in top 20%	% in top 20%
ONCOLOGY	197	153.459	4.559	128	88	69%
PUBLIC, ENVIRON. & OCCUP. HEALTH	161	9.269	2.867	58	48	83%
MULTIDISCIPLINARY SCIENCES	56	38.597	2.378	28	28	100%
NUTRITION & DIETETICS	76	10.250	3.577	28	9	32%
IMMUNOLOGY	137	36.556	4.860	22	5	23%
GENETICS & HEREDITY	161	41.063	4.389	19	11	59%
MEDICINE, RESEARCH & EXPERIMENTAL	121	24.302	4.422	14	1	7%
ENDOCRINOLOGY & METABOLISM	122	14.873	4.717	10	8	80%
GASTROENTEROLOGY & HEPATOLOGY	74	12.821	3.989	10	7	70%

Legend: IF = Impact Factor; SC = Subject Category

^a *A given journal can appear in more than one subject category.*

^b *This figure represents the impact factor of the journal at the limit of the 20% top journals.*

Annex 4: Specialized courses organized or co-organized by the IARC scientific Groups in 2013

Course title	Location	Number of participants	External collaborations
EPIC-Soft® Train the trainers	Lyon, France and Online learning	22	EU-MENU
EPIC-Soft® Train the trainers	Online learning	30	EU-MENU
Training course on principles, organization, evaluation, planning and management of cancer screening programmes (module 2)	Lyon, France	26	FCS, EPAAC
Training course to screen for screen (by visual inspection / colposcopy) and treat (by cold coagulation/cryotherapy) cervical cancer	Sikkim, India	32	Sikkim State Government STNM Hospital, Gangtok, Sikkim
Training course on colposcopy and LEEP procedures in the management of cervical cancer	Pattaya, Thailand	29	National Cancer Institute Bangkok and Thai Colposcopy Society
Statistical practice in epidemiology with R	Lyon, France	40	Bendix Carstensen, University of Copenhagen, Denmark; Krista Fischer, University of Tartu, Estonia; Esa Läärä, University of Oulu, Finland
1 st pathology training course – ESTAMPA study	Bogota, Colombia	18	Instituto Nacional de Cancerologia de Colombia
IARC regional hub course on cancer registration and epidemiology	Bangkok, Thailand	45	Tata Memorial Centre, US CDC, UICC
IARC regional hub course on cancer registration & epidemiology	Jakarta, Indonesia	40	Tata Memorial Centre, UICC
Cancer registry training course	Izmir, Turkey	44	European Network of Cancer Registries, US NCI, MECC, EU- Joint Research Centre, Izmir Cancer Registry, University of California Irvine
Training course for cancer registry staff: from population-based cancer registry data to a scientific publication	Buenos Aires, Argentina and Online learning	8	Erasmus MC University Medical Center, Rotterdam, The Netherlands, IACR, UICC
Training course – Cervical Colposcopy ESTAMPA study	Buenos Aires, Argentina	16	Argentinean Society of Lower Genital Tract Pathology and Colposcopy
CanReg5	Webinar cycle	120*	GIRC, IACR
Paediatric oncology for cancer registries	Lyon, France	40	ENCCA, ENCR

Annex 5: Meetings held at IARC since last Governing Council (2012–2013)

Meeting Title	Date
Chrysotile study Scientific Advisory Board Meeting	23 May 2013
Globocan 2012 1 st Editorial Board Meeting	27-29 May 2013
European Code Against Cancer (ECAC) 2 nd Infections and Vaccination Working Group Meeting	28-29 May 2013
GICR Hub Executive Group Meeting	29 May 2013
Monograph Vol. 108: Some drugs and herbal medicines	4-11 June 2013
BBMRI-LPC Satellite Workshop WP5	12 June 2013
Consensus and Editorial Meeting: WHO Classification of Tumours of the Female Reproductive Organs	13-15 June 2013
ECAC Physical Activity, Obesity, Nutrition, Alcohol Working Group	13-14 June 2013
BBMRI-LPC Access Working Group Meeting	13-14 June 2013
ECAC 2 nd Literature Working Group Meeting	19 June 2013
ECAC 3 rd Screening Working Group Meeting	24-25 June 2013
ECAC 2 nd Communication Working Group Meeting	3 July 2013
ECAC 4 th Communication Working Group Meeting	29 Aug. 2013
Oesophageal Cancer in Africa Meeting	2-3 Sept. 2013
Endpoints for Prophylactic HPV Vaccine Trials	23-24 Sept. 2013
Cosmos Project Meeting	24 Sept. 2013
ECAC 1 st Scientific Committee Meeting	25-26 Sept. 2013
BCNet International Working Group Meeting	25-26 Sept. 2013
2013 Childhood Leukemia International Consortium (CLIC) 8 th Annual Meeting	1-3 Oct. 2013
14C International Childhood Cancer Cohort Consortium 6 th International Meeting	5-6 Oct. 2013
14C Australian Cohort Meeting	7 Oct. 2013
IARC Monograph Vol. 109: Ambient air pollution	8-15 Oct. 2013
EurocanPlatform Preparatory Meeting on commonalities of histopathology, diagnosis and management of common cancers	12 Nov. 2013
Advisory Group Meeting to recommend on quantitative risk characterization for the IARC Monographs	18-19 Nov. 2013
INWORKS Meeting	20-21 Nov. 2013
PROLIFICA Annual Meeting	28 Nov. 2013
ENCCA Meeting	29 Nov. 2013
Working Group Meeting on Helicobacter pylori eradication as a strategy for preventing gastric cancer	4-6 Dec. 2013
ECAC 3 rd Infections and Vaccination Working Group Meeting	19 Dec. 2013
SPLIT Project Meeting	24 Jan. 2014
HPV-AHEAD Pathology Review Panel Meeting	3 Feb. 2014
EurocanPlatform Workshop	6-7 Feb. 2014
BCNet Steering Committee Meeting	11 Feb. 2014
ECAC 2 nd Scientific Committee Meeting	12-13 Feb. 2014
Determinants of Diet and Physical Activity (DEDIPAC) WP1.3 Kick-off Meeting	13-14 Feb. 2014
GICR Partners Meeting	18 Feb. 2014
Meeting on the Assessment of the Global Impact of HBV Vaccination	24 Feb. 2014
1 st Meeting of the ESTAMPA Data and Safety Monitoring Board	24 Feb. 2014
Cooperation on Chernobyl Health Research (CO-CHER): Kick-off Meeting	13-14 March 2014
Lung Cancer Cohort Consortium (LC3) Meeting	24-25 March 2014
International Lung Cancer Consortium (ILCCO) Annual Meeting	25-26 March 2014
TRICL Annual Meeting	26 March 2014